## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless correcte maintenance fee notificat	d below or directed oth	erwise in Block 1, by (a	a) specifying a new co	rrespondence addres	s; and/o	r (b) indica	ting a separa	te "FEE ADDRESS" for
CURRENT CORRESPONDE	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
136		_			g or Transmi			
JACOBSON HOLMAN PLLC 400 SEVENTH STREET N.W. SUITE 600 WASHINGTON DC 20004				hereby certify that the States Postal Service addressed to the Marransmitted to the US	his Fee( with sur il Stop PTO (57	s) Transmi fficient post ISSUE FE 1) 273-288	ttal is being d tage for first of E address ab 5, on the date	leposited with the United class mail in an envelope pove, or being facsimile a indicated below.
WASHINGTON, DC 20004 SEP 0 8 7			no E					(Depositor's name)
		\_	ا م					(Signature)
		SATENT & TRACE	ENIE!					(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO. CONFIRMATION NO.			
10/526,981	10/526,981 06/07/2005		Philip Summersgill		P70416US0 7989			7989
TITLE OF INVENTION	: MODULAR MICROFI		09/09	/2009	CCHAU2	00000056	10526981	
					:2501 ::1504			755.00 OP 300.00 OP
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU			TOTAL	EE(S) DUE	DATE DUE
nonprovisional	NO	\$755	\$300	\$0		\$	1055	10/27/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	7				
ALEXANDER, LYLE		1797	436-180000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  2. For printing on the patent front page, list (1) the arrange of the page of								
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
"Fee Address" indi	3/122) attached. ication (or "Fee Address' 2 or more recent) attach	Indication form	or agent) and the names of up to attorneys or agents. If no name is 1 be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Epigem Limited Redcar, United Kingdom								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗷 Corporation or other private group entity 🚨 Government								
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
<ul> <li>☑ Issue Fee (755)</li> <li>☑ A check is enclosed.</li> <li>☑ Publication Fee (No small entity discount permitted) (300)</li> <li>☑ Payment by credit card. Form PTO-2038 is attached. (1055)</li> </ul>								
Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1358 (enclose an extra copy of this fo								iency, or credit any
5. Change in Entity Stat		d ab ava)	overpayment, to D	eposit Account Numl	<u>er</u> 0	<sup>6-1358</sup> =	(enclose an e	extra copy of this form).
	SMALL ENTITY status		☐ b. Applicant is no	longer claiming SMA	LL EN	TITY status	s. See 37 CFR	1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if requeecords of the United State	uired) will not be accepted tesyPatent and Trademark						
Authorized Signature Date September 8, 2009								
Typed or printed name Michael R. Slobasky			Registration No. 26,421					
This collection of informa	ation is required by 37 C	FR 1.311. The information	on is required to obtain	or retain a benefit by	the pub	lic which is	to file (and b	y the USPTO to process)
an application. Confident	iality is governed by 35	U.S.C. 122 and 37 CFR USPTO. Time will vary	1.14. This collection is	estimated to take 12	minutes	s to comple	te, including i	gathering, preparing, and

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.